

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	20					
TOTAL DEP.	15					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
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100						
TOTAL IND.	20					
TOTAL DEP.	15					
TOTAL CLAIMS	35					